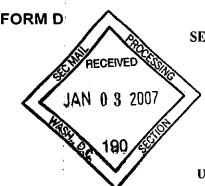
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval

OMB Number 3

3235-0076 April 30, 2008

Expires April 30, 2008 Estimated average burden hours per response 16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Stonchenge Capital Fund Hawaii III, LLC \$4,976,300.64 SERIES 2006B-1 SENIOR STRUCTURED NOTES DUE JANUARY 31, 2011 Filing Under (Check box(es) that apply):		·
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Stonehenge Capital Fund Hawaii III, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To issue and sell Senior Structured Notes and make investments in SCFHI 3, LLC. Type of Business Organization limited partnership, already formed Limited partnership, already formed Limited partnership, lobe formed Limited partnership, lobe formed Limited partnership, lobe formed Limited partnership, lobe formed Limited Liability Company Limited Liabilit	• • • • • • • • • • • • • • • • • • •	NOTES DUE JANUARY 31, 2011
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Stonehenge Capital Fund Hawaii III, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 191 W. Pationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 192 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 193 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 194 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 195 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 196 Alexa Code) 197 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 198 Address of Principal Business Operations (Number (including Area Code) 199 Address of Principal Business Operations (Number and Street, City, State, Zip Code) 190 Alexa Code) 191 Alexa Code) 192 Alexa Code) 193 Alexa Code) 194 Alexa Code) 195 Alexa Code) 195 Alexa Code) 195 Alexa Co	Filing Under (Check box(es) that apply):	☐ Section 4(6) ☐ ULOE
Company Comp	71	t
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Stonehenge Capital Fund Hawaii III, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Rief Description of Business To issue and sell Senior Structured Notes and make investments in SCFHI 3, LLC. Type of Business Organization Corporation Ilimited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	A. BASIC IDENTIFICATION DATA	A
Stonehenge Capital Fund Hawaii III, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business To issue and sell Senior Structured Notes and make investments in SCFHI 3, LLC. Type of Business Organization corporation	Enter the information requested about the issuer	
Address of Principal Business Operations (Number and Street, City, State, Zip Code PROCESS Exphone Number (including Area Code) (if different from Executive Offices) Brief Description of Business To issue and sell Senior Structured Notes and make investments in SCFHI 3, LLC. Type of Business Organization corporation		
Brief Description of Business To issue and sell Senior Structured Notes and make investments in SCFH13, LLC. JAN 1 2 2007 Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed wonth business trust Month Year Actual or Estimated Date of Incorporation or Organization: I 0 6 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;		, •
Type of Business Organization corporation		elephone Number (including Area Code)
corporation limited partnership, already formed business trust limited partnership, to be formed THOMSON with the partnership limited partners		1/2
Actual or Estimated Date of Incorporation or Organization: 1 0 6 🖾 Actual Estimated Urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	corporation limited partnership, already formed	other (please specify): Limited Liability Company
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;	Month	Year
		0 6 🛭 Actual 🔲 Estimated
		D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive officer and director of corporate issuers at Each general and managing partner of partnership issuer 	-	general and managing	partner	s of partners	nıp ıss	uers; and
Check Box(es) that Apply: Promoter Beneficial		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Mauna Kea Entertainment 3, LLC						
Business or Residence Address (Number and Street, City, State, 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215	Zip Code)	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply: Promoter Beneficial	l Owner 🛛	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Adamek, Thomas J.						,
Business or Residence Address (Number and Street, City, State, 2236 3rd Street, Baton Rouge, LA 70801	Zip Code)					
Check Box(es) that Apply: Promoter Beneficial	l Owner 🛛 🖾	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if individual) Witten, John P.						
Business or Residence Address (Number and Street, City, State, 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215	Zip Code)					
Check Box(es) that Apply: Promoter Beneficial	l Owner 🛚 🗵	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Rinker, Kent						
Business or Residence Address (Number and Street, City, State, 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215	Zip Code)					
Check Box(es) that Apply: Promoter Beneficial	l Owner 🛛	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Whittington, Shelley G.						
Business or Residence Address (Number and Street, City, State, 236 3rd Street, Baton Rouge, LA 70801	Zip Code)					
Check Box(es) that Apply: Promoter Beneficial	l Owner 🛚 🖾	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Gowdy, Barry G.						
Business or Residence Address (Number and Street, City, State, 191 W. Nationwide Blvd., Suite 600, Columbus, OH 43215	Zip Code)					
Check Box(es) that Apply: Promoter Beneficial	l Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)						
Business or Residence Address (Number and Street, City, State,	Zip Code)		•			

						•								
1.	Has the issu	er sold or d	oes the issu	er intend to	sell, to no	n-accredite	ed investor	s in this of	fering?			Y	'es	No
					also in App				-					Ø
		:	•		• •	,		Ü			•			
2.	What is the	i minimum ii	nvestment t	hat will he	accented fr	om anv ind	dividual?		•			\$	N/A	!
<i>-</i>	What is the	,	iivesiiiieiii ti	nat will be	accepted it	0111 11119 1111	arviadar.							
_						_	•	-	<i>.</i>			_	es	No ⊠
3.	Does the off	- -	-	•								_		-
4.	Enter the in	nformation	requested 1	for each p	erson who	has been	or will b	e paid or	given, di	rectly or	indirectly,	any		1
	commission person to be	or similar i e listed is a	remuneratio in associate	on for solici d person o	tation of p	urcnasers i a broker o	n connecti r dealer re	on with sai	ith the SE	C and/or	e offering. with a stat	ii a ce or		
	states, list t	he name of	the broker	or dealer.	If more t	han five (5	s) persons	to be liste	d are asso	ciated per	sons of su	ch a		t
	broker or de	aler, you m	ay set forth	the inform	ation for th	at broker o	or dealer oi	ıly. N/A				•		• .
Full	Name (Last	name first,	if individua	ıl) ·						•		-		
		•												'
Bus	iness or Resi	dence Addr	ess (Numbe	er and Stree	t, City, Sta	te, Zip Coo	de)							1
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_	RI] [SC		[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	(MA)	.[MI]	[WY]	[PR]		
	Name (Last									-		-		
														ı
Bus	iness or Resi	dence Addr '	ess (Numbe	er and Stree	t, City, Sta	te, Zip Coo	de)							
Nar	ne of Associa	ited Broker	or Dealer	-										
,1144	ne or ressocie	ica Broker	or Dealer						•					i -
Stat	es in Which I	Person Liste	ed Has Solid	cited or Inte	ends to Sol	icit Purcha	sers	•	•		_	All States		
	eck "All State								(FI)		L	-)	
(A)	L] [AK] L] [IN]	(AZ) [IA]	[KS]	[CA] [KY]	(LA)	[CT] [MA]	(DE) [MD]	(DC) [ME]	(FL) • [MI]	[GA] [MN]	(HI) (MS)	[ID] [MO]		1
[M]		[NV]	[NH]	[NJ]	(NM)	[YM]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[R		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	Name (Last													•
Bus	iness or Resi	dence Addr	ess (Numbe	er and Stree	et, City, Sta	te, Zip Co	de)							·
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(M)		[NV]	(HN)	[NJ]	(NM)	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		:
[·R	i i		[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		ı

B. INFORMATION ABOUT OFFERING

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		·			·
	Type of Security	Ag	gregate Offering Price		A	Amount Already Sold
	Debt	\$	4,976,300.64		\$_	4,976,300.64
	Equity	\$	0.00		\$ _	0.00
	Common Preferred	-			_	
	Convertible Securities (including warrants)	\$	0.00		\$_	0.00
	Partnership Interests	\$	0.00		\$	0.00
	Other (Specify)	\$	0.00		\$	0.00
	Total	\$	4,976,300.64		\$ -	4,976,300.64
	Answer also in Appendix, Column 3, if filing under ULOE	٠.			Ť -	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		•			
						Aggregate
			Number Investors			ollar Amount of Purchases
	Accredited Investors		5		\$_	4,976,300.64
	Non-accredited Investors		0		\$_	0
	Total (for filings under Rule 504 only)		0		\$_	0
	Answer also in Appendix, Column 4, if filing under ULOE					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type of Security		A	Dollar Amount Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A		\$	N/A
	Rule 504		N/A		\$. N/A
	* Total		N/A		\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.*					
	Transfer Agent's Fee				\$_	0.00
	Printing and Engraving Costs	•••••			\$_	0.00
	Legal Fees				\$ _	0.00
	Accounting Fees]	\$	0.00
	Engineering Fees		_]	\$_	0.00
	Sales Commissions (Specify finder's fees separately)				\$	0.00
	Other Expenses (identify)				\$	0.00
	Total] ·	\$	0.00
	*Cost of issuance not paid with proceeds of the Senior Structured Notes				' <u>-</u>	

	b. Enter the difference between the aggregat	e offering price given in response to Part C Qu	estion 1			
	and total expenses furnished in response to Par	t C — Question 4.a. This difference is the "adjus	ted gross		\$4,976,	300.64
i.	each of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be for any purpose is not known, furnish an estimotal of the payments listed must equal the adjust to Part C — Question 4.b above.	nate and			•
		•	Paymo			
			Offi		D	
			Direct Affili		Oth	ents to ers
	Colories and fees	1	□ \$	0.00	□\$.	0.00
				0.00		
				0,00	□ s	0.00
	Purchase, rental or leasing and installation of	or machinery		0.00	ПS	0.00
	• •	nd facilities	_	0 00		0.00
	Acquisition of other businesses (including t	√			U*——	
	offering that may be used in exchange for the	ne assets or securities of another				
	issuer pursuant to a merger)	***************************************			s	0.00
	Repayment of indebtedness	·	\$	0.00	□ s	0.00
		1		0.00	s	0.00
	• .	HI 3. LLC	-	0.00	S:4.9	76,300.
	ome. (oponity). Hiteschients In the	ı				
		1 .	¬ s	0.00	□ \$	0.00
	•			0.00	_	76,300.
	Column Totals		S		□ s	
	Total Payments Listed (column totals added	1)		□\$ 4.4	976,300.	64
_		D. FEDERAL SIGNATURE	1, 17, 10	4		•
_		1				
h	e issuer has duly caused this notice to be signed	by the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange	his notice is filed t	inder Rul	le 505, the t	following fits staff
he	information furnished by the issuer to any no	on-accredited investor pursuant to paragraph (b)(2) of Rule 502		ii request o	,
SS	uer (Print or Type)	Signature	Date			
S	tonehenge Capital Fund Hawaii III,		Janua	ry 2,	2007	
۷a	me of Signer (Print or Type)	Title of Signer (Print or Type)				
		Secretary				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	, , ,	<u> </u>
1.	Is any party described in 17 CFR 230.262 presprovisions of such rule?	sently subject to any of the disqualification	Yes	No [3]
	See A	appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required	rnish to any state administrator of any state in which this notice is f by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to friesuer to offerees.	urnish to the state administrators, upon written request, informa	tion furn	ished by the
4.		per is familiar with the conditions that must be satisfied to be en te in which this notice is filed and understands that the issuer clain ing that these conditions have been satisfied.		
	er has read this notification and knows the contenthorized person.	ats to be true and has duly caused this notice to be signed on its beha	lf by the	undersigned
Issuer (Print or Type)	Signature Date		
Stoneh	enge Capital Fund Hawaii III, LLC	January 2,	2007	
Name (Print or Type)	Title (Print or Type)		
John P	. Witten	Secretary		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	<u> </u>	- 4	 			5 `
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE s, attach action of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL							·		
AK		_		T i					!
AZ									<u></u>
AR		,							
CA									
СО									
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DE	٠								
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HI									
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IA		X	\$ 1,759,964.86 Series 2006B-1 Senior Structured Notes due 2011	1	\$ 1,759,964.86				X
KS									
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MD	1								
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MS	·								

APPENDIX

1		2	3		4			·	5
	to non-a	f to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes explar waiver	lification ate ULOE s, attach ation of granted) -Item 1)
State	Yes	No	•	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MO									
МТ						· 		-	
NE									
NV				<u></u>					
NH							1		
NJ									
NM									
NY									
NC									
ND									
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OR			·			,			
PA				i					
RI	,								
SC									
SD									
TN									i
TX			\$3,216,335.78 Series 2006B-1 Senior Structured Notes due 2011	4 .	\$3,216,335.78				Х
UT									
VT			,						
VA						- · · ·			
WA									
WV						•			
WI									

APPENDIX

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1	,	2	3 ,		.4				5 ·
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inv amount purcha (Part C-I	ised in State		under St (if yes explar waiver	lification ate ULOE s, attach nation of granted) E-Item 1)
State	Yes	No	, .	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WY									
PR	;								